ANNUAL REPORT

FRED HUTCH / UW MEDICINE
POPULATION HEALTH
COLORECTAL CANCER SCREENING PROGRAM

JULY 2022 - JUNE 2023
<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>A Word from the Director</td>
</tr>
<tr>
<td>02</td>
<td>Mission &amp; Impact</td>
</tr>
<tr>
<td>03</td>
<td>Who We Are</td>
</tr>
<tr>
<td>04</td>
<td>Health Equity Working Group</td>
</tr>
<tr>
<td>05</td>
<td>Year 2 by the Numbers</td>
</tr>
<tr>
<td>06</td>
<td>Program Phases 1 &amp; 2</td>
</tr>
<tr>
<td>08</td>
<td>Program Highlights</td>
</tr>
<tr>
<td>10</td>
<td>Community Engagement</td>
</tr>
<tr>
<td>11</td>
<td>Program Accolades</td>
</tr>
<tr>
<td>13</td>
<td>Year 3 Priorities</td>
</tr>
<tr>
<td>14</td>
<td>Acknowledgments</td>
</tr>
</tbody>
</table>
I am thrilled to share the second annual report for the Fred Hutch/UW Medicine Population Health Colorectal Cancer (CRC) Screening Program!

Our program occurs in two phases. In phase one (July - December), we track patients that received mailed fecal immunochemical tests (FITs) in the prior program year to determine test completion and outcomes. During phase two (January - June), we begin the next annual mailed FIT campaign.

This year, 32% of almost 10,000 patients that received a FIT kit completed CRC screening, on par or exceeding similar programs nationally! CRC screening increased across UW Medicine from 68% to 70%. Among commercially insured individuals at the UW Medical Center, 88% completed CRC screening, making us the top performer in WA state! For these contributions, our program was recognized by the WA Health Care Alliance and the Puget Sound Business Journal.

In phase two of the program year, we increased the mailed FIT campaign by almost 50% reaching nearly 15,000 adults across the Seattle metropolitan area! The important work of ensuring patients complete screening or a follow-up colonoscopy if they have an abnormal result, is ongoing.

Health equity is embedded in our mission and this year we prioritized clinics and patient populations with lower screening rates, expanded program materials to 6 additional languages, and covered the costs of screening for over 90 uninsured or underinsured individuals. Looking ahead, we are excited to share the program’s blueprint regionally and nationally as a resource for other institutions and to develop interventions for populations that could benefit the most from screening and follow-up.

This report reflects the contributions of many individuals including members of our community. We are grateful for their support. My hope is that this information provides a foundation for ongoing efforts to improve colorectal cancer outcomes and inspires new avenues towards achieving health equity for individuals across our institutions, community, and state.

RACHEL ISSAKA, MD MAS
DIRECTOR
OUR MISSION
To improve colorectal cancer screening completion for all UW Medicine patients and to evaluate interventions to increase screening participation equitably for all individuals.

OUR IMPACT
We expect the program to improve patient care quality, increase health care equity, and drive additional payor contracts across our health system.

"I knew I was probably due and had been meaning to talk to my Primary Care Provider about getting a kit. Your message has saved me a step (or at least given me one less thing to worry about on my ever-growing 'to do' list.) I appreciate this!"
- Patient due for CRC screening

Photo by Leah Blanton
WHO WE ARE

Dr. Rachel Issaka
Program Director
Scientific Oversight

Nkem Akinsoto
Assistant Director
UW Medicine Population Health

Ari Bell-Brown
Project Manager
Research Management

Dr. Victoria Fang
Medical Director
UW Medicine Population Health

Amanda Kimura
Program Manager
Programmatic Oversight

Amy Peck
Panel Navigator
Daily Operations

Jerry Wood
Panel Navigator
Daily Operations
The Health Equity Working Group’s purpose is to advise the CRC Screening Program as it strives to achieve health equity for all eligible patients. This year, the group helped plan the 2023 CRC community awareness event, advised on the production of a video aimed to reduce fear of colonoscopy, and provided input on ways to increase screening through mailed FIT outreach.
The number of languages we translated mailing and educational materials. Our program is now resourced to conduct mailed outreach for 8 languages, including Spanish and English.

6

The percentage of UW Medicine clinics that met or exceeded the National Committee for Quality Assurance (NCQA’s) 75th percentile quality metric for colorectal cancer screening.

75%

The number of clinics that were included in outreach efforts, an increase from 16 clinics in the prior program year.

28

The increase in the number of patients reached through mailed FIT outreach.

49%

The number of clinics that achieved this metric improved from 43% (12/28) in 2021 to 75% (21/28) in 2022.
PHASE 1: RESULTS
2022 Mailed FIT Outreach

To put our results into context, our FIT return rate (30%) was comparable to or exceeded other mailed FIT programs (Table 1) and 32% of participants completed CRC screening within one year of outreach. Programs in North Carolina and Washington reached about half of our population, while the study in Oregon and California reached about 15,000 individuals.

<table>
<thead>
<tr>
<th>Region</th>
<th>Type of Facility</th>
<th>FIT Return Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oregon &amp; California</td>
<td>26 community health centers</td>
<td>17.6%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>Large health system</td>
<td>21.1%</td>
</tr>
<tr>
<td>Washington</td>
<td>Medium sized community health center</td>
<td>31%</td>
</tr>
</tbody>
</table>

Table 1. Mailed FIT Programs' FIT Return Rates

*Brenner et al, Cancer 2018
Coronado, et al, JAMA Int Med, 2018
Kemper, et al, Cancer, 2018
PHASE 2: OUTREACH

We identified 28 clinics for mailed outreach. Individuals were eligible for inclusion if they met the following criteria:

- 45 to 75 years old
- Spoke any of the 8 languages with mailed and educational materials
- No history of colorectal cancer
- No history of advanced health conditions

Since March 2023, we have mailed 14,509 FIT kits to patients due for colorectal cancer screening.

In early data, 26% (n=3,815/14,509) have completed screening so far.

Navigation to screening completion and follow-up colonoscopy for those with abnormal results is ongoing.

"I think that every single screening modality is going to help save people’s lives. The Colorectal Cancer Alliance has been spending a lot of time on end to end navigation...But then how do we get into the community? How do we make sure...like Dr. Issaka is doing in Washington state...we get into those communities and are able to navigate every single patient?"

~ Michael Sapienza, CEO Colorectal Cancer Alliance
White House Cancer Moonshot Colorectal Cancer Forum
Since the program's inception in 2021, CRC screening has increased across the health system from 68% to 70%, approaching pre-pandemic screening participation (Figure 1). We have also observed improvements in screening across all racial and ethnic groups!

Our program has launched several initiatives to continually improve racial, ethnic, and socioeconomic disparities in CRC screening participation.

1. **Language Access Expansion**: We expanded the program material languages from English and Spanish to include Arabic, Chinese, Khmer, Russian, Somali, and Vietnamese. This enabled us to include an additional 500 patients in outreach.

2. **Payment Assistance Program**: We allocated funds to cover the costs of screening for patients who faced financial barriers to CRC screening. Our navigators also connected patients to financial assistance if treatment was needed. To date, this resource has been used by over 90 uninsured/underinsured patients.

3. **Supportive Housing Quality Improvement Project**: In partnership with Harborview Medical Center (HMC) Pioneer Square clinic, HMC Madison clinic, and Downtown Emergency Service Center, we distributed FIT kits to patients living in supportive housing units.
PROGRAM HIGHLIGHTS

Improving Abnormal FIT Follow Up

Panel Navigator Colonoscopy Scheduling

Due to pandemic-related staffing shortages, patients who needed a follow-up colonoscopy for abnormal FIT results or who opted for colonoscopy-based screening through the program were having difficulty accessing this important procedure. To address this challenge, the colorectal cancer screening program panel navigator received training to directly schedule colonoscopies at one of the UW Medicine endoscopy sites.

To date, 54% of patients who received outreach from the panel navigator for this issue have completed their colonoscopies. We are exploring how to expand this offering to other sites.

Supporting Our Patients

A patient needed a colonoscopy following an abnormal FIT result. This patient expressed apprehension and confusion about the process. Jerry, our panel navigator, discussed each concern our patient had and explained the importance of completing a colonoscopy, especially since this patient had a history of multiple abnormal FIT results. Jerry also learned that this patient was a schoolteacher and found her school’s spring break schedule online. With that information, they contacted the patient, completed the health assessment, and scheduled the procedure which the patient has now completed!

“You [Jerry] took the second step! Most people would never do that.”
- Patient
In March 2023, the program held its annual CRC community awareness event. Community members learned how to prevent and reduce their risk for colorectal cancer, scheduled primary care appointments on site, and took home CRC screening test kits.

Knowledge of the recommended age to begin colorectal cancer screening nearly **doubled** (28% to 54%) after attending the event.

We also partnered with the Marvin Williams Recreation Center to host a colorectal cancer awareness event in Bremerton, WA. Attendees talked about colorectal cancer prevention with members of the program team and a chef cooked a delicious and colon healthy lunch!

Throughout the year, our team participated in several other community events including:
- Minority Health Awareness Month Health & Wellness Festival
- Iraqi/Arab Health Board Community Health Fair
- Fresh Start Health Fair
Since 2008, the Washington Health Alliance has been reporting on the quality of care in WA state. This year’s report found that UW Medical Center was the top site for colorectal cancer screening among commercially insured individuals!

**American College of Gastroenterology SCOPY Award**

*Service Award for Colorectal Cancer Outreach, Prevention & Year-Round Excellence (SCOPY)*

The CRC Screening Program was awarded a SCOPY Healthy Living Award for its community education event.
Dr. Rachel Issaka was a recipient of the 2023 Health Care Heroes Award from the Puget Sound Business Journal! She was recognized for her work in decreasing the mortality associated with colorectal cancer by improving screening among medically underserved populations. Dr. Issaka was honored at a luncheon joined by Fred Hutch/UW Medicine colleagues and members of the CRC Screening Program.

Dr. Rachel Issaka was a recipient of the 2023 Health Care Heroes Award from the Puget Sound Business Journal! She was recognized for her work in decreasing the mortality associated with colorectal cancer by improving screening among medically underserved populations. Dr. Issaka was honored at a luncheon joined by Fred Hutch/UW Medicine colleagues and members of the CRC Screening Program.

Nkem Akinsoto was nominated for the UW Medicine Primary Care Leader of the Year award! This award recognizes those with strong leadership skills, commitment to employee engagement and growth, and a model for service excellence.

The Population Health Panel Navigator team, which includes Amy Peck and Jerry Wood, was recognized with a UW Medicine CARES Award! This award celebrates the accomplishments of UW Medicine staff who exemplify service excellence.
Our priorities for the next program year are linked to ambitious goals and influenced by several factors.

In January 2023, UW Medicine began reporting colorectal cancer screening rates for adults 45 to 49 years old in addition to those 50 to 75 years old. This increased the total number of eligible adults due for screening without changing the number who have completed screening. This new metric is a charge to our program to work on improving screening in 45 to 49 year olds.

The colorectal cancer screening team also identified several areas for improvement. Common themes were incorporated into the upcoming program year priorities.

- **Increase CRC screening in 45 to 49 years olds**
  - Achieve 70% or greater overall CRC screening completion following the addition of 45 to 49 years olds to the screening metric

- **Decrease racial disparities in screening participation**
  - Increase CRC screening among Black, American Indian/Alaska Native, and Native Hawaiian populations by 5%

- **Focus on follow-up colonoscopy completion**
  - Increase colonoscopy after abnormal FIT results by 10%

- **Optimize program communications**
  - Evaluate best approaches for disseminating program updates with internal and external partners

- **Streamline program data management**
  - Identify resources to enhance patient tracking throughout the CRC process
ACKNOWLEDGEMENTS

We are grateful for the many partners who have supported the Population Health CRC Screening Program!

Fred Hutch Marketing & Communications
Harborview Interpreter Services Department
Hutchinson Institute for Cancer Outcomes Research
UW Communication Technologies
UW Creative Communications
UW Department of Laboratory Medicine & Pathology
UW Medicine Information Technologies Services
UW Medicine Patient Accounts & Support Services
UW Medicine Population Health Analytics
And many others!

Fred Hutch Marketing & Communications
Harborview Interpreter Services Department
Hutchinson Institute for Cancer Outcomes Research
UW Communication Technologies
UW Creative Communications
UW Department of Laboratory Medicine & Pathology
UW Medicine Information Technologies Services
UW Medicine Patient Accounts & Support Services
UW Medicine Population Health Analytics
And many others!